

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>		10/5/99
O.I.P.E. CLASSIFIER		5	10/7/99
FORMALITY REVIEW	CM	71632	10/18/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	11/30/99
2	11/30/99
3	11/30/99
4	11/30/99
5	11/30/99
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50	11/30/99

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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